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ABSTRACT

The purpose of this study was to investigate the lives of eight grandmothers in primary caregiving roles. The grandmothers were African American or multiracial, with one from Belize of African descent, all caring for grandchildren. The findings of eight 1-hour interviews coupled with demographic surveys yielded the following information: The majority of the children cared for had been abused, neglected, and/or abandoned by their parents due to the crack-cocaine epidemic. Most of the children had been, or would have been wards of the state had these grandmothers not rescued them. These caregivers often had two to five grandchildren within the same household, who evidenced crack-cocaine symptomatology. In procuring specialized services for said children, and in providing daily care, these grandmothers face an inordinate amount of socio-environmental stressors that place them at risk in their caregiving capacity. The numbers of grandmothers currently serving as surrogate parents to grandchildren and great-grandchildren is steadily increasing. Educational institutions need to be aware and mindful of the needs of this unique family constellation, and design preventive/comprehensive programs within this environment to address those needs. (Contains 24 references.) (Author/HTH)

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Grandmothers As Surrogate Parents

Minerva Roman Urrutia

Abstract

The purpose of this study is to investigate the lives of eight grandmothers in primary caregiving roles. The results of eight one-hour interviews coupled with demographic surveys yielded the following information: The majority of these wards had been abused, neglected, and/or abandoned by their parents due to the crack-cocaine epidemic. Most of the children had been, or would have been wards of the state had these grandmothers not rescued them. These caregivers often had two-to-five grandchildren within the same household, who evidenced crack-cocaine symptomatology. In procuring specialized services for said children, and in providing daily care, these grandmothers are faced with an inordinate amount of socio-environmental stressors which placed them at-risk in their caregiving capacity. The numbers of grandmothers currently serving as surrogate parents to grandchildren and great-grandchildren, is steadily increasing. Educational institutions need to be aware and mindful of the needs of this unique family constellation, and design preventive/comprehensive programs within this environment to address said needs.

Introduction

In November of 2001, during a Parent/Teacher conference, I was approached by a woman I then believed to be the mother of a respective student. During our exchange, however, I learned that she was instead the grandmother of my fifth grade pupil.

Reportedly, Mrs. C. is the temporary guardian and caregiver of my ten year old student S., and of her three sisters. These girls range in age from nine to fifteen years. Nine years ago, Mrs. C. had been awarded custody of her granddaughters after their mother had been incarcerated on drug-trafficking charges. At that time, the youngest was a new born infant, S. was about ten months old, and the older sisters were six and five years old.

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Mrs. C. initially expressed concerns about S's behavioral problems and of her lack of academic progress. Soon, however, she began to share concerns centering around the other children as well. According to Mrs. C., all her granddaughters appeared to have considerable difficulties in the academic and social spheres. In a seemingly agitated and gushing manner, she stated that the oldest granddaughter was sexually active, and refused to adhere to household rules. She added that she suspected the fourteen year old girl, was experimenting with marijuana. Further, this granddaughter would argue incessantly with S., and at times would become physically abusive towards her younger sister. These incidents would occur whenever S. fantasized about being reunited with her mother. Mrs. C. added, that S. was telling friends and neighbors, that she was moving-in with her mother over the Christmas holidays. The grandmother went on to say, that there was no basis in reality for S's reunification fantasy. The truth of the matter is that S's mother will remain imprisoned for several more years. Mrs. C. indicated, that she truly loves her grandchildren, but had forgotten how difficult it can be to raise children. In addition, this grandmother alluded to feeling isolated from her extended family due to the " overwhelming " responsibility engendered in her role of caretaker.

Subsequently, it became clear to me that Mrs. C. was in great need of support and of an arena where she could ventilate as well. The family as a whole needed to be linked-up to socio-educational services, that would address the respective needs of all family members. Since these girls, and children in similar situations, are at high risk for educational failure, then pedagogic institutions must find ways to work more effectively with parental figures, who themselves are in very vulnerable states.

Why Do We Need This Study?

The amount of literature on grandmothers as surrogate parents generally focusses on discussions around the role that grandmothers play as kinship care providors. Research centering specifically around the daily environmental stressors experienced by these grandmothers, coping mechanisms employed by them, and the types of services these grandmothers believe would help them to florish in their roles, continues to be limited in its scope. There currently isn't any research that fully examines and documents, how these grandmothers became the pseudo-parents of their grandchildren nor the difficulties that they encounter in their daily lives. The current literature does not lend itself to investigating the past and present history of the caretakers and generally fails to take into account what these grandmothers deem necessary in the way of social services and support systems in order to effectively fulfill their obligations. The role that religion, may or may not play, in the pesudo-parent's ability to withstand the environmental stressors and challenges posed by the developmental stages of their wards, is another variable, worthy of investigation. Lastly, examining the physical and emotional health of the caretaker, which is crucial to the optimal development of said children; may probably yield critical information that may effect long-term and short-term goals for the family. In particular, this study will explore the experiences and challenges that African American grandmothers face in fulfilling their roles as caretakers of their grandchildren. This population has been chosen for this study, due to the reported number of African American grandmothers in parental roles at said school, and because of the insufficient number of articles/studies on this topic with Latino and White grandmothers.

The purpose of this study is to fill the void that exists in the literature, by gathering demographic data and conducting eight individual interviews with these subjects. The following questions will drive the interviews . What role do grandmothers as caregivers play, in the social and educational achievement of their wards? What kinds of services do these grandmothers deem necessary, in order to be effective in their roles? What type of environmental stressors and challenges do these grandmothers face? What role does religion play in assuaging stressors and challeges? How do the perceptions of these grandmothers regarding their physical/emotional health, effect short-term/long-term planning for said children?

What does the literature say about grandparent headed households?

A dramatic increase in the amount of grandparent headed households was first noted by the U.S. Census Bureau in 1977. The Bureau, in examining and comparing their statistics since 1970, noticed a 77 percent increase in grandparent headed households across all socio-economic stratums and racial/ethnic groups. The data revealed, that in 1970 only 3.2 percent of American children were being raised in grandparent headed homes. By 1997, however, this number had risen to 5.5 percent. In 1998, statistics revealed that this figure had gone up to 4 million. Six percent of children under the age of 18, were now living in grandparent headed households, with only one parent at home. While the pattern used to be that children living in grandparent households often had their mother present, the shift in 1990 showed a marked increase in grandchildren living with grandparents, where there was an absence of both biological

parents. According to these statistics, African American grandmothers are over-represented within this population, with Latina grandmothers lagging behind (Smith-Ruiz, 2000; Casper & Bryson, 1998; U.S. Bureau of the Census, 1998). In 1997, Taylor, Tucker, Chatters, and Jayakody in their census analysis of demographic trends in the family structure of African Americans, highlighted the fact that White and Latino children residing with grandparents, more often than African Americans, had both parents living in the same home.

Why are these grandmother's important?

The importance of African American grandmothers to the well-being of their grandchildren and great-grandchildren, has been documented as early as eighty-two years ago (Frazier, 1939, DuBois ,1920). Historically, they have been the cornerstones of African American institutions, throughout playing critical roles in the development of the family and of the church. These grandmothers have played pivotal roles in the stabilization and socialization of children and families, from slavery to the twenty-first century. They have been nurturing figures and protectors, whose role responsibilities have stretched beyond their nuclear and extended families, well into the community as a whole. Their resolve and ability to bounce back from the depths of the despair and oppression generated by the slave trade, to love and care for others, lends credence to E. Franklin Frazier's depiction of these grandmothers, as the " guardians of generations." These grandmothers were often responsible for the survival of the families and as the elders imparted their wisdom, sense of ethnicity/ family unity, deeply rooted religious beliefs; and were self-sacrificing organizers of the community. They are further

portrayed as " the communicators of family values; providing the religious orientation to family members, and stressing the importance of service to others, racial pride, educational achievement, strong family ties, commitment to children, self-respect, discipline and hard work" (Smith-Ruiz, 2000, Jones, 1973).

Challenges for Parentified Grandmothers

Substance abuse has been repeatedly cited as the leading cause for the unprecedented rise in grandmother headed households. The crack-cocaine epidemic has devastated the African-American family and its community. Many children have been murdered, orphaned, abandoned, neglected, abused, emotionally and developmentally traumatized, or left homeless by this epidemic (Seamon,1992, AARP, 1994, Minkler, Roe & Robertson-Beckley, 1994). Grandmothers as caregivers suffer enduring hardships and are often stressed emotionally in fulfilling their obligations. The Congressional testimony (1992) of Evelyn Davis, Director of Developmental Pediatrics at the Harlem Hospital Center in New York City, revealed that 40% of her patients were being raised by grandmothers. The grandmothers of these crack-cocaine children were inexperienced in this arena and had to learn how to care for children with very special behavioral and developmental problems. Davis conducted a study of children in her care under six years old. She used a sample of 175 children who were exposed to drugs during the prenatal phase. The results revealed the following abnormalities in this population: " premature births (36%), language delay (90%), fine motor delay (63%), gross motor delays (37%), delay in social skills (over 50%), hyperactivity (39%), neurological problems requiring treatment (30%), retardation and autism (8%), cerebral

palsy (8%), and sleep problems (50%)." This population, overall , demonstrated " impulsive behaviors, and the inability to learn from past mistakes" (Smith-Ruiz, 2000).

Dressel & Barnhill (1994) report, that incarcerations among women have increased by 202%, over the last ten years. " Approximately 50,000 women are in state and federal prisons, and some 39,000 more are in jails. Two-thirds of these women have children under the age of 18 years, and approximately 53 percent of these children live with their grandmothers while their mother is in prison." In the majority of these cases, the primary caregiver has been indentified as the grandmother. The research states that an estimated 75,000 grandmothers will continue to become surrogate parents, as the numbers of incarcerated mothers continues to increase within the next decade (Barnhill, 1996).

Grandmothers today are faced with a myriad of childrearing problems that to some extent differ significantly from the developmental challenges previously posed by her biological children. Changes in childrearing practices, child abuse policies inherent in the former, developmental and learning deficits, sexually active pre-teens, experimentation with drugs, an impressionable and sometimes corruptive media, and unfamiliar educational curricula; often evoke in these caregivers, a sense of helplessness and role confusion, which threatens their self-esteem and undermine their actual capabilities (Hayslip, Shore, Henderson, & Lambert,1998).

African American grandmothers raising grandchildren also have to confront medical issues related to their deteriorating physical, and emotional health. Simultaneously, they have to lend support to their biological children who may be terminally ill, mentally

unbalanced , substance abusers, incarcerated, trafficking-drugs, homeless, or prostituting themselves on the city streets. The path these grandmothers have chosen is often lonely and replete with on-going stressors. This is especially true, when the caregiving grandmother has multiple grandchildren to care for, and great-grandchildren as well. Financially, it is often difficult for these grandmothers to make ends meet, even when they are receiving some monetary compensation for their wards. Some retired grandparents find themselves dipping into their pension funds, in order to provide effectively for their grandchildren. Working grandparents on-the-other-hand, often feel conflicted about working versus caring for these children. Lastly, many of these grandparents lack affordable housing, live in cramped quarters with their wards for many years, before they receive any housing assistance from the city (Burton & DeVries, 1993, Kelly, 1993, Minkler & Roe, 1993, Minkler & Roe, 1996). Interest in policy and research regarding the relationships of intergenerational families continues to increase, at the exclusion of interest involving the prevalence and problems of households being maintained by grandmothers, in African American communities.

Mini-Biographies

Case 1.

" A " is a 58 year old African-American grandmother, who was born in Rockville, South Carolina. Her maternal grandmother raised her and was described as " a high school graduate and a former slave." A. hails from a family of educators. She majored in Business Administration and attended college for four years. She was an only child, who dropped-out of college shortly after the death of her parents. A.'s mother died of cancer during her senior year. Her father expired a month later due to cardiac arrest. She was devastated by their deaths and suffered considerable emotional and financial hardships, thereafter.

A. married at age 17 and moved to New York City, in search of employment opportunities. Several years later she landed a job with the New York State Insurance Fund. She worked as a Compensation Examiner until she retired. During the ensuing years, marital discord and his drinking problems prompted A. towards divorce. Two children were born from this union (J., 34 years old) and (K., 32 years old). Both daughters have been addicted to crack-cocaine for eighteen and sixteen years, respectively. J. began abusing drugs at age sixteen, and K. at age fourteen. J. is the mother of two children (17,12). K. has three children (12,10,11months). The daughters have been in-and-out of drug treatment programs for over ten years. J. is now in a program and continues to get high. She has been imprisoned several times, for prostitution and robberies. Grandma A. stated that her daughters and grandson have been arrested so many times, that she stopped going to court, altogether. " I took my grandson out of Foster Care when he was little. Last November, he was released from prison, on a drug-related shooting. I have legal custody of T. since she was ten months, W. since birth, L. since age four, and M. since he came out of the hospital." She added, " They have no respect, and are just plain nasty. They

don't want to change or do anything with their lives. They want everything handed-out on a silver platter. They are hard-headed and bad. I couldn't pay anybody to take care of them. I guess I'll have to take care of these children, until I die." "They have always had problems, managing their anger. Sometimes, I don't trust them, when it comes to violence. They fight each other, and hit each other. My grandson is also a cleptomaniac. He steals everything. I have to watch him like a hawk. They lie too! J. almost had me arrested. She acted like I had beatened her up. She also accused her best friend's father of raping her. That was a big lie. I don't know why she does that. I guess for attention or something."

Grandma A. stated that except for M., none of the children had contact nor support from their biological fathers. She said that M.'s father helped her to control her grandson's behavior, but did not offer any financial assitance. She confided needing help managing the behaviors of her daughters and grandchildren, but was " not willing anymore, to spend hours keeping-up with clinic appointments." A. also said, that she needed help with the children's homework. " You know, the math. I need the nitty-gritty help." A. stated that she wished the schools could have " Big Brother/Big Sister" programs, so that the children could have young positive role models. She also thought that the children could benefit from recreational programs, where they could release " all that pent-up energy."

In closing our interview, A. lamented being unable to visit her friends in Manhattan, and sit-in on their weekly card games. She added that she no longer participated in the monthly Eastern Star meetings she used to attend. This is a charitable, religious organization, where they would go to different states and " pledge." She said, " It is a sacrifice taking care of these kids. I am their mother and their father. I haven't seen my relatives in Rockville for years. They

were way older than me, when I was growing up. My aunts and uncles are in their eighties. They would not take on this responsibility if something happened to me. I'm strong, but I know my years are numbered. I see myself taking care of them, until I die!"

Case 2.

Grandma "B" is a married, 55 year old African-American grandmother from Jackson, Mississippi. She completed a ninth grade education. Until last year, B. worked as a Home Health Aide. Medical problems such as " high blood pressure, elevated stress, and internal bleeding," prevented her from continuing to work. She resides with her husband (55) and her grandchildren (16), (14), and (11). The children are the offspring of B's son (37) and of his girlfriend, (35). The biological parents have a long-standing history of abusing crack-cocaine. Although B's son has been off drugs for one year, his paramour continues to abuse drugs daily.

After co-habitating for many years, B. decided to marry in order to adopt the children. The two older children had been in a series of foster homes, prior to Grandma "B" becoming the primary caregiver. They were in the process of being adopted by their foster parents, when her youngest grandson was born. Prior to the birth of these three grandchildren, Grandma "B" had lost her first set of grandchildren to the family court system. This former set of grandchildren were adoped by their foster parents, and have had no contact with their maternal/ paternal biological families. B. decided that this situation would not occur twice. She urged the court to let her have temporary custody of T.(5), D.(4), and H.(2 weeks old). B. has raised the children for a total of eleven years, and adopted them three years ago.

In retrospect, B. confesses not having been prepared, " to deal with children of crack-cocaine addicts." " Raising them was very demanding. Every other day, I wanted to give them

up. There have been times when I have felt angry and bitter about it. I love my family, so I had to remind myself that they were blood. I want the best for them, so I prayed to God every day and asked him to give me strength, and to show me the way. I also became friends with their previous foster parents, and they helped me. In fact, they became the children's godparents. My son can't help me. I found out in therapy, that he suffers from anxiety attacks. He visits regularly, but he doesn't have much to do with the kids. Their mother, we don't even know where she is. She is still out there getting high."

Grandma "B" stated that she had been fortunate, because the clients that she had worked for, allowed her to bring the children to work. She said that her husband and the children's godparents were of enormous help. B. added, that most importantly, God had given her the energy, strength, and courage to care for her grandchildren. " I take one day at a time, and I ask God to keep me well physically. Last year I had an operation in my bowels. The doctor said that the condition had to do with all the stress I'm under. Sometimes I wish my hubby and me could take a vacation. I know we don't have the money. Now it's only his salary. I'm on SSI now. If anything happens to us, I want the children to go with their godparents. At least they care about the kids as much as I do."

Gandma "B" stated that the family's accomodations were too small. Presently five people are living in a two-bedroom apartment. T. who is sixteen years old now, is still sleeping on the livingroom sofa. " We keep her up until everyone goes to sleep, even when she is sick. The boys share the other bedroom. I applied for housing ,because T. has no privacy. "

"Academically, T. and D. have improved but they still have learning problems. It has something to do with the way they process information. That's what the school psychologist had said. They get into trouble sometimes, because of their behavior. T. is big with the

mouth. She's an usher at the church though. D. gets into fights. He doesn't think before he acts on something. H. is still getting into trouble and hanging-out with the wrong crowd. He is at reading level and his math is good too. H. is now in a program for obesity. He is trying to lose weight."

Grandma "B" stated that the children needed afterschool tutoring programs, instead of summer school. She thought that the one-to-one tutoring was more beneficial than group instruction. "This way the kids can pay attention and not have to miss out by going to summer school. These kids need recreational programs, i.e.: football, double-dutch, etc.. They need older counselors to play with them. We also need to get a financial increase in their checks. They want to go places, and I can't take them. It is very expensive to buy them what they want, or even to take them to the movies. Maybe even a school dance or two. Eventhough it has not been easy, I wouldn't change anything, except getting my granddaughter her own room. The rest, God will provide."

Case 3.

Grandma "C" is a single, 58 year old multi-racial grandmother from San Sebastian, Puerto Rico. She has a sixth grade education and has been living in New York City for the past thirty years. C. currently works for the Department of Welfare, " serving the elderly food." Additional household members include her granddaughters M.(16), N.(14), O.(10), P(9) and her great-grandson B.(5 months). Due to parental neglect, drug abuse, and prostitution charges, C. was awarded temporary custody of her granddaughters. Her daughter was later arrested on major robbery and drug-trafficking charges.

Grandma "C" has been her grandchildren's caregiver for the past nine years. Her daughter, L., has been a heroin addict since age fourteen. L. has been incarcerated for the past eight years and has managed to "stay clean," consequently. This is her daughter's second felony. The girls were M(6), N(5), O(10 months)and P(newly born) when their mother was last arrested.

Recently, there was a new addition to the family composition. L. became pregnant and delivered a baby boy while imprisoned. The father is said to be one of the prison guards. Much to C's chagrin, her daughter plans to regain custody of her children, once she's released from prison. Eventhough C. states that she has health problems (high blood pressure, asthma, and arthritis), she is reluctant to give the girls back to their mother. Grandma "C" fears that her daughter will relapse and resume her drug habit. She expressed some apprehension around the possibility of having to begin caring for a newborn, once again.

Grandma "C" stated that she " lost her identity " when she became the primary caregiver of her granddaughters. Although she said that she had " done the right thing," she added that " she had become a person she no longer recognized." " I have had to give up my liberty. I don't have friends. My family think we're all drug addicts. I don't go to the movies nor dances. I'm always there for them. I don't even get my hair done. It is turning white, and I don't even have time to get it dyed. Every minute of the day goes to my granddaughters. They need me!"

" Raising my granddaughters, has not been an easy thing. To be honest with you, it has been very hard. First of all, my apartment is too little. I have two bedrooms only. I can't afford to pay the high rents for more rooms. We are five. This created great headaches for me. The girls used to fight like cats and dogs. They were on top of each other. M. the oldest, used to hit the girls a lot. I had no peace of mind. Then M. became sexually involved and got pregnant. She asked me to let her go to a group home. I sent her to one. She wanted more

freedom, so she could see him. Now there is less fighting between the girls, eventhough, we are very crowded. I worry about drugs too. I sometimes smell pot on N.'s jacket. She denies it, but I worry? N. also loses her temper easily. You never know when she is going to blow-up. She hits O., who worries me too. She is very slow and does not learn. I worry because she will not do her homework. Her behavior in school is bad too. O. always makes up stories about her mother. She lies and tells her friends that she is moving-in with her mother. I feel sorry for her. P's memory is bad. She forgets everything. At school, the information, does not stick. This worries me. I wish I could do more for them. I wish I could go to a lawyer to see if I have to give them back to their mother. I need advice."

Case 4.

Grandma " D " is an African-American grandmother currently raising her grandson, J. She was born in Philadelphia, Pennsylvania and came to New York with her family as a young girl. D. comes from a large, close-knit family. She takes pride in the fact that her family was never on welfare. She stated that her mother was the strength of the family. " She raised us to be united. She taught us to take care of one another. She lost only one child to the streets. That was a record in my days!" D. has an eleventh grade education. She worked as an OTB cashier for twenty-two years, before she retired. D. reports having no major illnesses nor operations.

Grandma "D" lives with her daughter H (38) and her grandson J. (10). At the age of sixteen, H. was diagnosed as a Schizophrenic. She also has a history of suicidal ideation and gestures. Twice she ingested aspirin after breaking-up with her boyfriend. H. has been on a medication regimen and has received supportive psychotherapeutic services, for many years.

H. has dual diagnoses. In addition to her mental disability, she has a history of substance abuse. While on drugs, H. was arrested several times for soliciting and for theft. She once spent a eleven months in prison. H. later went through a recovery program, and has been drug-free for six years.

When J. was born, H. was addicted to crack-cocaine. D. felt that she could not turn her back on her daughter. She stated, " We are family. Family is family. H. had J., and had her problems. My whole family believes in family. We lost a brother to heroin, but he always had a home and food. We looked out for him. My daughter has a mental handicap, so I stepped-in for her and for my grandson. I retired, and J. was born."

D. described her relationship with her daughter and grandson as " harmonious." She stated that because of her daughter's mental problems, she makes most of the household decisions. Grandma "D" said that she always involves them in the decision-making process, and that they usually agreed on whatever she proposes. Although she stated that she has " no problems with J. and his mother, " D. intimated wondering whether she should get "legal papers for him," due to his mother's psychiatric condition. She added, " We get along really well, we are a team, but she has her mental problems and I just wonder whether it may become necessary in the future."

Grandma "D" confided feeling financially secure. She receives monthly pension and Social Security checks. H. receives Social Security Insurance and J. receives a Welfare check.

" J. is a beautiful child. He has his moments, but we are close. When he was born, he went home with me. His mother also has been there all along for him." "Moving to a larger space" was reported as the family's main goal. D. said that their apartment building is dangerous " and " cold in the winter." The apartment has two bedrooms. H. and Jim have

their own room, while Grandma "D" sleeps in the livingroom.

J. is currently in the fourth grade and is performing on a fifth grade level. His grandmother is very proud of his progress and states that," he has loved to read since age two, and has been writing since he was three years old. He talks me to death!" J. receives tutoring in math, as Grandma "D" wants to ensure that he understands his assignments. His grandmother believes that the school should offer afterschool and summer recreational/ mentoring programs. She said this was important because J. has never had contact with his biological father, lives in a high crime neighborhood, and is being raised by two women. She added that if these programs existed, she would be more apt to allow him to venture from home.

Case 5.

Grandma "E" is a chirpy 66 year old African American grandmother, who does not look her stated age. She was born in the Bronx, New York, and has lived in this vicinity throughout. E. is a widow. She attended college for two years and graduated as a Medical Technician. For thirty years, she worked as a Supervisor of Medical Technicians at a local hospital. She had a stroke in December, 2001 and was hospitalized for twenty days. Her son (43), is presently serving a 10 year prison sentence. In addition, E. has experienced repeated losses over the last three years. Her two daughters and her brother, died within the indicated time span. Firstly, E's brother was beatened to death in a fatal robbery. A year-and-a-half later, her youngest daughter F., died while in Diabetic Coma. Seven months later, her middle daughter G. died of a drug overdose. She had been addicted to crack-cocaine for eighteen years. G. delivered a total of five children while continually using drugs. The two youngest children , a boy and a girl, are presently in Foster Care. " G. lived in the streets " and never lived at home with her mother and

the children. Hospital personnel would call Grandma "E" whenever G. delivered a baby. By the time the youngest children were born, E. felt that she now lacked the stamina to raise two crack-cocaine babies anew.

E. has had custody of G's three oldest children T.(16),G.(14), and B.(9), since birth. Six months ago, T. gave birth to a son (Kevin). E. has also taken responsibility for raising her great-grandson too. She states that she was never prepared to become a surrogate parent. Unexpectedly, she was thrusted into the role, because she did not want her grandchildren to be in Foster Care. Her medical background and parenting classes, helped her to understand and address the symptomatic behaviors of the children. Although she defines her role as " highly stressful," she states that she will continue to care for the children for as long as she is healthy. She adopted her grandchildren several years ago.

E's supportive network consists of her sister, B's father, and her boyfriend. She stated that she lives off her pension, savings, and the money she gets from the court for the girls. Reportedly, the oldest girls help out with household chores. She smiled and said, " They are very protective of me. I feel like we take care of each other." E. stated that although they live comfortably (everyone has their own bedroom), she has to navigate five flights of stairs in order to get to her apartment. In view of her recent stroke, this is a concern to her family and doctor.

Grandma "E" said, that considering the children's developmental lags, " they do OK academically." " T. is planning to return to school or participate in the Job Corps program. G. does well in school. B. does OK, but she is a non-stop talker. Her behavior gets in the way. She is always looking to fight with someone. I would like for her to get counseling for her behavior. B. likes doing her school work. But if she finishes, she will disturb the other children so that they can play with her. Maybe if the school had an afterschool recreation

program, like they have in Community Centers, she wouldn't behave that way. I also think they should have tutoring for the grandmothers. I would like to understand the work they do in school, especially the math. They have new ways of doing math now. This is why I am going to computer classes now. I want to make sure that I can help them with their homework. Other than that, I wouldn't change anything. Just my health. The healthier I am, the longer I'll be there for them. God is my savior. I know he will help me through this!"

Case 6.

Grandma "F" is a 63 year old black islander, from Belize. She arrived in New York City on December 21, 1988. F. has a sixth grade education and works as a Home Health Aide. She stated that she educates herself by reading. " No one would believe I never went to high school. My mother bought us books and a dictionary. We come from a learned family, professionals. I unfortunately did not follow their footsteps, but I read all the time. " F's husband was described as " a womanizer" who would " beat her." They divorced twenty years ago. Regarding her medical history, she reported having undergone eye surgery and an operation for her varicose veins. She described her health in general, as "good."

Grandma "F" states that she raised four children without major difficulties. She adds, " There has been no history of substance abuse in my family. No one smokes even, in our family. I have raised four children, and no one has ever been in jail. No one in my family has a psychiatric history...(laughs)...we are too sane, perhaps!"

F. has lived with her two granddaughters, L.(12) and D.(10), for the past six months. Her daughter (38), has had "problems" with her husband for the past five years. F. described him as " possessive." She described her daughter's marriage as " on again, off again." When the

couple broke up in June, 2000, the daughter and the children went to live with F. Shortly after, her daughter returned to her husband and left the children behind.

Grandma "F" said that caring for the children did not present a problem for her. " These are self sufficient children. They bathe and dress themselves. Sometimes they do the dishes. I teach them to clean-up after themselves. I am prepared to go the distance. Children need guidance. People say I worry about them too much, but they are children, and I will always take care of them. "

F. spoke at length about her strong religious convictions. She said that her strength came from God. " I reach out to him, and God helps me. I speak to God, and them I move on what I feel God gives me. God is with me everyday...all the time. I am closely connected to my church. You have to have extended family, These are your support. I speak to the elders and ask for advice. I reach out and ask for help when I need it. The children and I read the bible together. We go to Sunday school and on trips with the church. We also visit family, their cousins, and church friends. This is how I am able to raise my granddaughters.

The "F" family lives in a one-bedroom apartment. Grandma "F" and her daughter (she visits on weekends) share the bedroom, and her granddaughters sleep on the livingroom sofa. "This arrangement is good because I work all the time, and they can go to the bathroom without waking me up. I wish I had another bedroom, but this is all that I can afford."

F. states that the children are bright and do very well in school. D. is in the fourth grade and reads on a sixth grade level. She does however need help in math, and F. feels handicapped in this area. Another area of concern is recreation. Grandma "F" said that she does not have enough money to take the girls out often. Their activities consists of watching TV or visiting

church members. The girls have infrequent contact with their biological father. Their mother's husband however, is said to " spoil them and take them everywhere."

In closing, F. stated that " the school needs to realize that each child is different. Teachers must work with the parent...know the child and know the parent." " There has to be more contact with the family, instead of just calling when the child is a problem. D. talks a lot and answers back. Maybe she needs more recreational activities, trips, summer camps, etc.. Maybe the school should have programs for adults too...for the parents. For instance, parenting classes, GED, arts and crafts. I don't know. These are my ideas."

Case 7.

Grandma "G" is a 67 year old multi-racial grandmother from Salcedo, Dominican Republic. In her native country, G. had been married to an Italian businessman. He owned a gas station and an automobile repair shop. Her husband died of a heart attack eight years ago. Subsequently, Grandma "G" worked as a saleslady in a dress shop, until her daughter was offered a position as a nanny in the United States. G's daughter departed for New York, and left her four children under her mother's perview. The children lived with their grandmother for two years, before their mother was able to bring them to the United States. They have been in this country for four years, and are presently working towards citizenship status. G. states that eventhough she has high blood pressure, she is in good health. She denies familial histories of substance abuse, psychiatric conditions, and of domestic violence.Grandma "G" stated however, that her eldest son was arrested on drug charges and is presently in a prison in Florida. " He explained to me that he was in the wrong place at the wrong time. I guess if he was involved

with drug-dealers, then he must have been doing something wrong."

Grandma "G" lives with her daughter (34) and grandchildren: J.(16), N.(15), D.(13), and R.(11). She confided feeling fulfilled in her caregiver role. It is not unusual for her daughter to spend a week away from home and to vacation with her employers and family. She therefore felt that she would indefinitely serve as a surrogate parent to her grandchildren.

Grandma "G" stated that she did not have any financial problems, because her daughter provided for all their needs. She also said that she had good friends who would send her clothing occasionally. G. added that she felt emotionally and financially supported by her daughter, sons, and extended family. The G. family rents a five-room apartment in a two-family house, that is directly across from our school. G's daughter turned the dining-room into a bedroom, in order to accomodate the boys. The girls share one bedroom and Grandma "G" and her daughter, the other. The family is said to be comfortable. G. added that given the amount of time her daughter spends working away from home, she will continue in her role of caregiver for her grandchildren.

One can tell that G. feels very proud of her grandchildren. She said that they were all in classes for " smart kids," and described them as " home-bodies." " The children are very studious. D. just became the representative for his class. They don't even go out to play, except for the baseball leagues they belong to. We get them what they need, so they can play indoors. They have several close friends who visit regularly. These kids are sweet, quiet, smart, cute (laughs), you see, I'm crazy about them. I did not have to change my life around when they came to live with me. They were used to visiting me daily. When my daughter's away, the children's father visits twice a week. They are close too." Grandma "G" stated that she has reconciled herself to raising her grandchildren. " My daughter has her job, and I have

mine. We all get along and work together for what is best for the family." She added, that eventhough she does not interface directly with the children's school, she thought that the school should provide sports and tutoring programs that would help the children, when they had problems with their homework . She also thought it may be good to link the churches with the schools and to have programs that fathers could get involved in, as well.

Case 8.

Grandma H. is a 66 year old African-American grandmother, from Greenville, Mississippi. She came to New York City when she was three years old, and was raised in the Bronx. H. became pregnant at eighteen and gave birth to a daughter, now 48 years old. The child's father was " an alcoholic, who disappeared upon learning about H's pregnancy. Grandma H. described her parents as " supportive," and said that she and her daughter lived with them, until she was able to get her own apartment. She worked as a seamstress, working in factories throughout the five boroughs, until she retired.

H. stated that her daughter's upbringing was basically unremarkable. " D. was a good child, got good grades, went to college, and started her own business. Ten years ago she met a younger man, who turned out to be a drug-dealer. He introduced her to crack-coaine and later to heroin. My daughter was so in love, that she didn't see that he was ruining her business and her life. Her beauty-supplies store went downhill and she had to declare bankruptcy. A year later she had S. She was a crack-cocaine baby, and my daughter couldn't handle her. She left the baby alone so many times, that the police took her. I didn't want to see her end up in Foster Care. I didn't know what I was getting into, but I took D. anyway.

Raising S. has been very difficult. I was still working at the time. My church sisters

had to step in and help me. I thought I would go crazy or have a nervous breakdown. The hospital set-up classes where I learned how to take care of her. I used to cry all the time, but I couldn't let S. go. Her mother couldn't help me. She was a full-blown addict, who was arrested every time I turned around. My friends and family stepped-in to help the baby and me. They took turns staying at my house, so I could sleep and go to work. Slowly, things got better. S. started turning around, sleeping better and eating better. She later got medication for her seizures. With God and the congregation, things started to turn around for the best."

S. is now nine years old and in the fourth grade. She has not seen her parents in the last five years. " My daughter used to call, saying that she was coming to see us, but wouldn't show. We pray for her and hope that she is still alive. Last we heard, she moved to another state to be close to her boyfriend who is in prison."

H. stated that she and S. struggle financially. She receives a small pension, Social Security, and SSI for the child. Although she lives in a two-bedroom apartment, the apartment is often cold and in need of many repairs. Safety is an issue for them, as drug-dealers stand in front of the building, selling their wares. They have been on a waiting list for public housing for seven years.

S. is currently in the fourth grade. She is in a Special Education program, performs poorly overall, and is prone to inexplicable angry outbursts. S. is said to have a low frustration threshold. She is known to the Guidance Department and to the SBST. H. and S. attend psychotherapy sessions once a month. She worries about S.'s future and is looking within her congregation, for possible surrogate parents for her. She empathsized that this search is only in case something should unexpectedly happen to her. Grandma H. stated that "

children like Samantha need to move around freely." She was concerned about the size of her granddaughter's classroom, and the amount of gym periods they received weekly. H. thought that their education needs were being met, but their physical needs were not. Motorically, they did not have the space nor time, to burn off the excess energy. She thought that this was a big problem in Special Education. Her hope was that the school could create specialized recreational programs and supportive services for this population.

Conclusions

African American grandmothers continue to play critical roles in the stabilization, socialization, and the survival of their families. Eight out of the initial pool of ten grandmothers, were interviewed at school or at their homes. Two grandmothers repeatedly broke appointments and did not return the interviewer's phone calls. The interview and demographic survey data revealed common threads which binded these grandmothers in their roles as guardians and caregivers. Amongst these were the following:

The majority of the grandmothers came from religiously oriented stable families, who believed in the sanctity of matrimony, the importance of an education, adhering to the protestant work ethic, and in the unity of the family. The entire sample believed that religiosity played a major role in their ability to forge ahead and meet the demands of their caregiving responsibilities. They believed that "without God's help," they would not be able to persevere in this endeavor. Two of the grandmothers were ordained ministers and a third grandmother along with her mother, founded a non-denominational church in the community.

All grandmothers had been married for 15 years or more. Presently one was married, five were divorced, and two were widows. Three out of eight subjects had emigrated to the United States from countries in the Carribbean. Three grandmothers had migrated from southern states, and two had been born in New York City. Six out of a sample of eight grandmothers, had attended or completed high school, a vocational program, and/or college. Two caregivers had a sixth grade education.

All with the exception of one grandmother, had been employed prior, during, and after accepting their wards. Two of the grandmothers had college backgrounds and had held supervisory positions, until their retirement. One grandmother retired after working for OTB as a cashier, for twenty-two years. Three grandmothers worked as Home Health Aides for over five years. Two of these subjects continued to work, while one left her position due to " stress " related to her guardianship role. One grandmother worked for the New York City Department of Welfare," serving food to the elderly." The last grandmother had worked in sales for the last four years and was presently unemployed.

Seven out of eight grandmothers, stated that they had not been prepared for their role of surrogate parent. Six-out-of-seven caregivers had taken temporary custody of their grandchildren, in order to prevent them from entering or re-entering the Foster Care system. Out of eight grandmothers, six had taken the children from birth. Six out of these eight caregivers, had children who had been born addicted to crack-cocaine or heroin. Three of the grandmothers were responsible for the welfare of five children. Two out-of-the-five was also raising a great-grandchild. Two grandmothers were responsible for four grandchildren. One grandmothers had three wards, another had two, and one had a sole ward. This latter grandmother is also responsible for the child's biological mother, who is Schizophrenic. Six out-of-the-eight biological mothers, had substance abuse histories, and had been or were presently incarcerated for drug-related crimes. Two biological mothers lived on and off with the grandmothers, due to either work demands and marital strife, respectively. Both of these mothers worked hard to provide for their children and alternated parenting roles, with the grandmothers. One of these mothers was the " head of household," and financially provided for the caregiver.

Although these grandmothers recognized that their lives had been altered significantly by their wards, all embraced their guardianship roles and felt that they were performa vital function for the children, the family, and the community. Most grandmothers stated that they were " keeping the family together." Two grandmothers confided feeling " bitter " and " somewhat resentful," periodically. These feelings were said to generally surface when the grandmothers thought that the biological parents and/or the children did not appreciate the sacrifices they had made, on their behalf. Six out of the eight caregivers, expressed concerns about the age differences between them and the children. Most reported feeling "alone", "isolated" , "different from younger mothers", whom were thought to be "closer in age", " could play sports if they wanted to", " can help them with the new math ", and "are physically healthy." However, all grandmothers surmised that they were physically fit and able to continue to raise their grandchildren, indefinitely.

All grandmothers lamented not having quality time for themselves. They resented the inordinate amount of appointments these children required at varying clinics, schools, prisons , and other facilities due to developmental lags, learning disabilities, behavior problems, and court mandated visits. While three grandmothers thought that in the end it would all be worth it, five spoke about sometimes feeling "sad" , "anxious", "impotent", "trapped", "ostracized", and "unappreciated" in their roles. Seven of the grandmothers stated that they felt " cut-off " from family, friends, and potential love interests. Even a platonic relationship seemed far-fetched, due to the "demands and irritating behaviors" of the children. " I turned my back on any hope of love, when I agreed to take on this responsibility," said one grandmother. " I didn't expect to gain

one family, and lose my other relatives," said another. Five of the grandmothers stated that helping their children/grandchildren, posed a dilemma for them. Eventhough they did not have unsavory histories and had led respectful and productive lives, they often felt stigmatized and rejected by people with dissimilar experiences. "Other mothers are curt and keep their distance." "My grandchildren aren't invited to the birthday parties." "Some of our relatives don't visit or call visit like they used to." "Mothers won't let their children visit our home." " I used to be invited everywhere, now I'm left alone." A need for continual contact with " blood relatives," friends, and with "grandmothers in the same situation," was expressed throughout the interviews. One subject wished she could start a grandmother support group.

Another grandmother said she had " aged drastically," in the last nine years. " I don't have the money nor the time to get my nails and hair done." All grandmothers stated that with an increase in their stipend checks, they would be able to "pamper" themselves for their hard work. They also longed for " vacations away from the kids," respite time during the week in the way of occasional babysitting services, was thought to be helpful. In general, they felt badly about not being able to buy their grandchildren the "clothing and everyday things they required and long for." The grandmothers thought that providing them with entertainment outside and within the home, was tantamount. Computers, DVD players, electronic games, and sports equipment, were deemed "necessary in this technological age they live in."

There was overwhelming consensus in this subject pool's belief that the schools should provide ongoing one-to-one tutorial services for their grandchildren. The

grandmothers also believed that recreational programs during and after school hours, were essential. Four grandmothers thought that Special Education children need motoric release, and therefore, special gym programs for these children should be part of the curriculum. All grandmothers felt that they could not play strenuous games with the children, and often due to lack of transportation monies and for ambulant reasons, could not take them to recreational parks and similar outdoor activities. These surrogate parents also thought that a clear link between churches and schools should be encouraged. They truly believed that churches could provide mentors for the children, and support for the adoptive/surrogate parents. Noteworthy, was the collected belief that their wards would not be stigmatized and rejected readily, by church going children and parents. Infact, the grandmothers saw the prospective parishioners as a pool of potential surrogate parents for this population of children. Four grandmothers questioned whether they should seek legal advise around permanency planning for their grandchildren.

In conclusion, the prevalence of African American grandmothers in primary caregiving roles continues to escalate, due to the rising numbers of mothers on drugs and in prisons. Although these grandmothers are attempting to preserve, stabilize, and maintain a cohesive family unit, their health and emotional well is eroding in the process. Educational institutions need to be aware and mindful of the needs of this unique family constellation, and design preventive/comprehensive programs within this environment to address said needs. These grandmothers and children may benefit from educational designs which incorporate and provide linkages to medical, dental, socio-psychotherapeutic, optical, ecclesiastical and legal services within the school system. The proximity of these services within the schools would eliminate excessive travel, diminish the

amount of school absences and clinic appointments warranted by this population, decrease caregiver stress levels, increase and "humanize" the contact between the surrogate parents and school personnel, and perserve the collected archives within one umbrella. Directly, the children would be exposed to positive role models from varying fields, possible mentoring figures, and perhaps perspective surrogate parents. A number of leading institutions have begun to experiment with similar projects, and I believe that an endeavor of this caliber may set a trend and help to salvage children and families from impoverished, drug-rampant neighborhoods in the South Bronx, and in other similar communities. Hopefully, this study will also help to promote and expand the research on grandmothers as primary caregivers with Latino and White populaitons.

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